NNDSS Modernization Initiative Technical Assistance Coordination Team Update
October 10, 2014

Colleagues,

Please find below the National Notifiable Diseases Surveillance System (NNDSS) Modernization Initiative (NMI) Technical Assistance (TA) Coordination Team Update for October 10, 2014. These e-mail updates are a collaboration among the Centers for Disease Control and Prevention (CDC), Council of State and Territorial Epidemiologists (CSTE), and the Association of Public Health Laboratories (APHL) and will be sent biweekly in an effort to keep reporting jurisdictions and other partners and stakeholders updated on the progress of NMI.

For more information on NMI, please see the NMI FAQS at http://www.cdc.gov/nmi/faq.html. If you have questions not answered in the FAQs, please send them to edx@cdc.gov.

Message Mapping Guide Development Updates
- **Priority Message Mapping Guide (MMG) Status Updates:**
    - CDC developed the following guidance about differentiating between the terms *Message Mapping Guide* and *HL7 case notification message*, and you may find it helpful as well. Referring to the hepatitis MMG, for example, means that we are referring to disease-specific variables that are included in the hepatitis MMG. Alternatively, referring to a hepatitis HL7 case notification message (or hepatitis message) means that we are referring to both generic and disease-specific data elements that, together, comprise the complete hepatitis HL7 case notification message. As a result, we say that we are implementing the hepatitis HL7 case notification message (or hepatitis message), not that we are implementing the hepatitis MMG.
    - CDC has developed a proposed solution regarding the differentiation of unknown vs. missing values in HL7 messages for those data elements that need this distinction.
        - The draft proposal will be shared to solicit feedback first with the CDC programs developing priority MMGs and then with the reporting jurisdictions. In addition, all draft MMGs will need to be updated to implement the agreed-upon solution.
        - Until a solution is finalized, progress is delayed for all MMGs.
    - **Mumps and Pertussis MMGs** (Stage I–Draft Phase):
        - Both MMGs are awaiting the solution for differentiating unknowns vs. missing values in HL7 messages for both numeric and date data elements.
        - Once this issue has been resolved, CDC will update the timeline for MMG development, which will include a second external review period in which the draft guides will be reviewed by reporting jurisdictions during the open comment period of 6 weeks.
        - CDC will revise the MMGs and artifacts based on reconciled comments from the second external review period.
    - **Congenital Syphilis and STD MMGs** (Stage II–Reconciled Draft Phase)
        - Both MMGs are awaiting the solution for differentiating unknowns vs. missing values in HL7 messages for both numeric and date data elements.

- o **Generic v2 and Hepatitis MMGs** (Stage III—Pilot Test-ready Draft Phase)
  - ▪ The beta testing process will include one pilot jurisdiction (Michigan) for both guides.
    - • Beta testing will help evaluate and adjust processes.
    - • Pilot testing will expand to other identified jurisdictions post-beta testing.
- o Those jurisdictions selected for pilot testing of the test-ready versions of MMGs should wait until contacted by the NMI Technical Assistance Coordination Team before using the test-ready MMGs and before submitting test messages to CDC. All other jurisdictions should not plan to submit data to CDC until the final MMGs have been posted to the Public Health Information Network (PHIN) Web site.
- o For more information about MMG development, please see the NMI FAQs at http://www.cdc.gov/nmi/faq.html.

CDC Platform-Message Validation and Processing System Updates

- • The CDC Platform (CDCP) team met with AgileX (CDCP development contract vendor) from 9/16/2014 to 9/18/2014 to discuss planning for the next option year, current tasking, processes, and process improvements.
  - o AgileX provided a walkthrough of the CDCP dashboard—which will provide visibility into the data processed through the CDCP and their results and an automated near-simultaneous data reconciliation.
  - o AgileX provided CDCP with training on CDCP-Message Validation and Processing System (CDCP-MVPS) troubleshooting and other questions posed by the CDCP team.
- • CDC has developed and provided data provisioning requirements to AgileX for Generic v2, Hepatitis, STD, and Congenital Syphilis. Following are updates on specific requirements provided to AgileX:
  - o Generic v2: The CDCP team has received the software build for Generic v2 from AgileX.
  - o Hepatitis: The CDCP team has received the software build for Hepatitis from AgileX.
  - o STD: The CDCP team is expecting the software build from AgileX on 10/17/2014.
  - o Congenital Syphilis: The CDCP team is expecting a software build from AgileX on 11/14/2014.
  - o Mumps and Pertussis: The CDCP team will not define dates for CDCP-MVPS activities related to Mumps and Pertussis until those MMGs are finalized and posted for external partner review.
- • For more information about the CDCP-MVPS, please see the NMI FAQs at http://www.cdc.gov/nmi/faq.html.

Technical Assistance Updates

- • APHL conducted an on-site visit with the Michigan Department of Community Health on 10/6/2014 to 10/7/2014. The goal of the visit was to complete required vocabulary mappings, establish the route for Hepatitis data through the Michigan disease surveillance system, and share the implementation toolkit that the NMI Technical Assistance (TA) Coordination Team has developed.
  - o Specific dates and detailed schedules for the beta testing process with Michigan were expected to be identified during this site visit.
  - o The plan is for Michigan to send test messages for Hepatitis, followed by STD, Congenital Syphilis, and then Generic v2.

- More details about the site visit will be provided at a later date.
- The NMI TA Coordination Team continues to reach out to pilot jurisdictions to begin the preliminary steps required for implementation.
- The NMI Evaluation Workgroup, with members from CDC, CSTE, and APHL, held a kick-off conference call on 10/1/2014.
    - The focus of this group is to develop an evaluation plan that coordinates activities to measure the process and effect of the NMI pilot. Areas of interest include
        - reporting of information that can be shared across CDC, APHL, and CSTE;
        - lessons learned and best practices from the pilot and overall NMI;
        - development of measures to help evaluate the TA process and report progress on TA implementation; and
        - overall cost for implementation of MMGs in jurisdictions.
    - Meetings are scheduled on a weekly basis.
- For more information about Technical Assistance:
    - Please see the NMI FAQs at http://www.cdc.gov/nmi/faq.html.
    - For pilot jurisdictions: If you have questions specific to NMI TA, please contact Laura Carlton, contractor to APHL, at lcarlton@TSJG.com.
    - For non-pilot jurisdictions: If you have questions or would like to request TA for MMG implementation through the Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Cooperative Agreement, please email edx@cdc.gov.

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